| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0009607 | A. BUILDING: _____ B. WING _____ | R-C 01/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DESTINY ADULT FAMILY HOME I | 2419 JEAN AVE RACINE, WI 53403 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| {M 000} | INITIAL COMMENTS<br><br>On 01/27/2025, Surveyor completed a standard survey, verification visit, and complaint investigation at Destiny Adult Family Home I. As a result, the previous 2 deficiencies were correct, and 3 new deficiencies were identified. The complaint was substantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.<br><br>Census: 4 | {M 000} | | |
| M 134 | 88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT<br><br>Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not report to the licensing agency, within 24 hours, a significant change in 1 of 1 resident's status. Resident 3 eloped from the facility and was not found until the following day.<br><br>Finding include:<br><br>On 07/30/2024, the department received a complaint alleging a resident eloped from the | M 134 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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| M 134 | Continued From page 1<br>facility.<br><br>On 01/24/2025, at 7:30 AM, Surveyors reviewed the Department's facility file. Surveyors did not observe any self-reports submitted to the Department in 2024.<br><br>On 01/24/2025, at 10:45 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 09/22/2023 with a diagnosis of dementia. Surveyor reviewed an incident report, dated 07/27/2024, which reported Resident 3 went outside to smoke a cigarette. Caregiver E went to assist other residents in the home, and when Caregiver E returned outside, Resident 3 was not there. Caregiver E searched the immediate area, then called the police. On 07/28/2024, Caregiver E was driving down 6th Street and saw Resident 3 walking. Caregiver E took Resident 3 back to the house.<br><br>On 01/24/2025, at 12:00 PM, Surveyors interviewed House Manager A and Lead Worker B. House Manager A and Lead Worker B confirmed Resident 3 required 24-hour supervision. House Manager B reported s/he was unaware of the reporting requirements. House Manager A reported s/he would ensure all self-reports are submitted as required. | M 134 | | |
| M 410 | 88.06(3)(d) INDIVIDUAL SERVICE PLAN<br><br>The individual service plan shall contain at least the following: | M 410 | | |

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| M 410 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 3's) individual service plan (ISP) contained all required information. Resident 3's ISP did not identify interventions for Resident 3's elopement behaviors.<br><br>Findings include:<br><br>On 01/24/2025, at 10:45 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 09/22/2023 with a diagnosis of dementia. Resident 1's ISP, dated 10/16/2024, reported Resident 3 was a high elopement risk, and frequency of the service was "daily staff monitor". Surveyor reviewed an incident report, dated 07/27/2024, which reported Resident 3 went outside to smoke a cigarette. Caregiver E went to assist other residents in the home, and when Caregiver E returned outside, Resident 3 was not there. Caregiver E searched the immediate area, then called the police. On 07/28/2024, Caregiver E was driving down 6th Street and saw Resident 3 walking. Caregiver E took Resident 3 back to the house.<br><br>On 01/24/2025, at 12:00 PM, Surveyors interviewed House Manager A and Lead Worker B. House Manager A and Lead Worker B confirmed Resident 3 required 24-hour supervision. Lead Worker B reported Resident 3 was a smoker and the smoking area was in the back yard. Lead Worker B reported since Resident 3's elopement, Resident 3 smokes at the front of the house, so if staff need to assist other residents, Resident 3 can be supervised through the front window. House Manager A and Lead Worker B confirmed all interventions should | M 410 | | |

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| M 410 | Continued From page 3<br>be in Resident 3's ISP. | M 410 | | |
| M 530 | 88.09(2)(a)8 TRAINING DOCUMENTATION<br><br>Documentation of successful completion of the training requirements under HSS 88.04(5).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain and keep up to date a personnel record for each service provider which included documentation of successful completion of the training requirements under s. DHS 88.04(5) for 2 of 2 employees reviewed (Lead Worker B and Caregiver F). Lead Worker B's record and Caregiver F's record did not contain evidence of 8 hours of annual training for 2023 and 2024.<br><br>DHS 88.04(5)(b) states "(5) TRAINING. (b) Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received."<br><br>Findings include:<br><br>On 01/24/2025, at 11:30 AM, Surveyor reviewed staff records and identified the following:<br><br>Lead Worker B was hired on 10/06/2012. Lead Worker B's file did not contain any evidence of continuing education training for 2023 and 2024.<br><br>Caregiver F's file. Caregiver F was hired on | M 530 | | |

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| M 530 | Continued From page 4<br>05/11/2021. Caregiver F's file did not contain any evidence of continuing education training for 2023 and 2024.<br><br>On 01/24/2025, at 11:45 AM, Surveyor interviewed Licensee E. Licensee E reported Lead Worker B and Caregiver F completed all continuing education training. Licensee E reported s/he was a certified trainer for Community Based Residential Facility (CBRF) trainings. Licensee E reported s/he did not have certificates for the training but would send Surveyor the rosters of the trainings staff participated in.<br><br>As of 01/27/2025, at 9:00 AM, Surveyor had not received any training documents. | M 530 | | |
| {L 000} | Initial Comments | {L 000} | | |